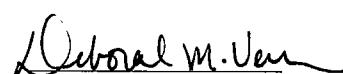


TRANSMITTAL FORM

Application Number	10/562,959
Filing Date	October 12, 2006
First Named Inventor	Smetan
Group Art Unit	1793
Examiner Name	Lin, Kuang Y.
Attorney Docket No.	20496-497
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Request for Certificate of Correction
<input type="checkbox"/> Check Attached	<input type="checkbox"/> Replacement Drawing(s)	<input type="checkbox"/> Certificate of Correction
<input type="checkbox"/> Copy of Fee Transmittal Form	<input checked="" type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Response	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Preliminary	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> After Final	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Small Entity Statement	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Letter to Official Draftsperson including Drawings	<input type="checkbox"/> CD(s) for large table or computer program	<input type="checkbox"/> Change of Correspondence Address Form (1 page)
[Total Sheets <u>1</u>]	<input type="checkbox"/> Amendment After Allowance	<input checked="" type="checkbox"/> Replacement Sheet (1 sheet)
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<input type="checkbox"/> Information Disclosure Statement		
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<input type="checkbox"/> Copies of IDS Citations		
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<input type="checkbox"/> Computer Readable Copy		
<input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
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